POSITION	ID NO.	DATE
CLASSIFIER	7	4-11-97
EXAMINER	812	10-9-97
TYPIST	812	10-9-97
VERIFIER	812	10-9-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim Final	Original	Date					
1	(1)	L	=				
2	2	✓	=				
3	3	✓	=				
4	4	✓	=				
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SYMBOLS

✓ .... Rejected
= .... Allowed
. (Through number) .... Canceled
+ .... Restricted
N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date					
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